

**Exhibit E**

**SI Wireless Lifeline Offering**

## Exhibit E

### SI Wireless Lifeline Offering

SI Wireless (d/b/a MobileNation) will allow the Lifeline discount to be applied against all plans being offered.

CALLING PLAN FEATURES	\$29.99/mo	\$39.99/mo	\$59.99/mo	\$69.99/mo	\$79.99/mo
UNLIMITED Mobile to Mobile minutes (any carrier)	✓	✓	✓	✓	✓
UNLIMITED night and weekend minutes	✓	✓	✓	✓	✓
UNLIMITED text messaging	✓	✓	✓	✓	✓
UNLIMITED picture messaging	✓	✓	✓	✓	✓
Daytime Weekday Mobile to Landline Minutes	75	450	900	1200	1600
CARRYOVER unused anytime minutes to next month	✓	✓	✓	✓	✓
Voice mail	✓	✓	✓	✓	✓
Caller ID	✓	✓	✓	✓	✓
Call waiting	✓	✓	✓	✓	✓
Call forwarding	✓	✓	✓	✓	✓
Three - way calling	✓	✓	✓	✓	✓
Toll Blocking Options (free)	✓	✓	✓	✓	✓
Activation Fee	\$35.00	\$35.00	\$35.00	\$35.00	\$35.00
Additional anytime minutes	25¢/min	25¢/min	25¢/min	25¢/min	25¢/min
Lifeline Discount (if qualified)	\$9.25	\$9.25	\$9.25	\$9.25	\$9.25

All pricing and plans are subject to change.

**Exhibit F**

**SI Wireless (d/b/a MobileNation) Store Photos**

Exhibit F  
SI Wireless (d/b/a MobileNation) Store Photos





Exhibit F  
SI Wireless (d/b/a MobileNation) Store Photos



Exhibit F  
SI Wireless (d/b/a MobileNation) Store Photos



**Exhibit G**

**SI Wireless Proposed Lifeline Application and Certification Forms**



## APPLICATION FOR LIFELINE PROGRAM

### SECTION 1 –Applicant Information

☐ Initial Lifeline Enrollment ☐ Re-Verification of Lifeline Eligibility

This signed form is required in order to enroll you in the Lifeline Program in your state.

Things to know about the Lifeline Program:

- Lifeline is a federal benefit.
- **By law, the Lifeline program is only available for one line (wireless or wireline, but not both) per household.** A household cannot receive Lifeline benefits from multiple service providers.
- A household is defined as any individual or group of individuals who live together at the same address and share income and expenses.

### Submission Instructions

To apply, fill out this Application in its entirety, sign and initial in all indicated places, and attach copies of any required documents listed on the application (DO NOT SEND ORIGINALS), and submit to:

MOBILE NATION – LIFELINE SUPPORT  
Mysupport@mymobilenation.com  
PO BOX 2558  
Carbondale, IL 62902  
1 (877) 732-2147



The person whose name will be on the MobileNation account must fill out this section and must live at the address printed below.

Name as it will appear on your MobileNation account – please print:

Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_  
Residential address (no PO Boxes, must be your principal address)  
Street address: \_\_\_\_\_  
Name of Apt. Complex/Multi Resident Facility: \_\_\_\_\_  
Apt. No.: \_\_\_\_\_ or Multi Resident Facility Room/Bed No.: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
This address is ☐ Permanent ☐ Temporary

Billing address (PO Box is acceptable)

☐ Same as residential address

Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Your Telephone Number: (\_\_\_\_) \_\_\_\_\_  
Contact Number if Different: \_\_\_\_\_  
Email address: \_\_\_\_\_  
Social Security (last 4 digits only): \_\_\_\_\_  
Date of Birth: \_\_\_\_\_

Number of People Living in Your Household: \_\_\_\_\_

I share an address with another person(s) at least 18 years of age. ☐ Yes ☐ No

*If Yes, please complete the following:*

This person(s) is part of a separate household, that is, this person does not share or contribute to my household's income and expenses. ☐ Yes ☐ No

Please note that if someone else currently receives a Lifeline-supported service at your address, you will be required to complete a separate worksheet to determine whether you are eligible to receive Lifeline support.



## APPLICATION FOR LIFELINE PROGRAM

### SECTION 2 – Eligibility

\_(Note: Proof of program eligibility not required for annual re-verification of Lifeline eligibility.)

- ☐ **A. I am applying based on participation in a low-income PROGRAM.**  
I am providing documents showing that I currently participate in the following program(s):  
**check all that apply**

Qualifying Beneficiary: Complete this only if you are relying on a dependent residing in your household who is receiving benefits from one or more of the programs listed below.

Last Name First Middle

- ☐ Medicaid  
☐ Food Stamps (Supplemental Nutritional Assistance Program)  
☐ Supplemental Security Income (SSI)  
☐ Temporary Assistance for Needy Families (TANF)  
☐ Federal Public Housing Assistance (Section 8)  
☐ Low-Income Home Energy Assistance Program (LIHEAP)  
☐ National School Lunch Program's free lunch program

- ☐ **B. I am applying based on INCOME. The total household income of all persons in my household is below 135 percent of the federal poverty guidelines.**  
I have filled out this section and provided the required documentation.

*My total household gross annual income from all sources does not exceed these guidelines*

Number of people in Household	1	2	3	4	5	6	7	8
Total Household annual income	\$15,080	\$20,426	\$25,772	\$31,118	\$36,404	\$41,810	\$47,156	\$52,502*

\*For each additional person after 8 people, add \$5,346 per year. This includes adults and children.

**PROVIDE PROOF OF HOUSEHOLD INCOME WITH THIS APPLICATION**  
(Please provide copies of all documents that apply - **Originals will not be returned.**)

If you provide documentation that does not cover a full year, you must submit 3 consecutive months of the same document issued within the previous 12 months.

- Current income statement from employer or paycheck stub
- Unemployment/Workers Compensation benefits statement
- Retirement/Pension benefit statement
- Prior year's state, federal or tribal tax return
- Social Security benefits statement
- Divorce decree or child support document
- Veterans Administration benefits statement

### SECTION 3 – Certification

**All Applicants must complete this Section**

**Please read and acknowledge you agree by initialing each statement below, under penalty of perjury.**

\_\_\_\_\_ The information contained within this application is true and correct. I acknowledge that providing false or fraudulent documentation in order to demonstrate eligibility for the Lifeline program is punishable by fine or imprisonment, or both.

\_\_\_\_\_ I understand that Lifeline is a federal government benefit program and that only qualified persons may participate in the Lifeline program.

\_\_\_\_\_ I understand that Lifeline is only available for one phone line per household, whether landline or wireless, and that violation of the one-per-household requirement would constitute a violation of federal law, result in my de-enrollment from the program, and may result in criminal prosecutions by the federal government.

Other Lifeline providers include: Safelink, Assurance Wireless, Access Wireless, AT&T and Windstream. A household is defined, for purpose of the Lifeline program, as any individuals who live together at the same address and share income and expenses.

\_\_\_\_\_ To the best of my knowledge no one in my household is receiving Lifeline service. A household is defined, for purpose of the Lifeline program, as any individuals who live together at the same address and share income and expenses.

\_\_\_\_\_ I certify that I am at least 18 years of age and not currently receiving a Lifeline telephone service from any other landline or wireless telephone company. I will only receive Lifeline from MobileNation and no other landline or wireless telephone company.

\_\_\_\_\_ I understand that Lifeline benefits are not transferable, and I certify that I will not transfer my service to any other person, even if that person might be eligible for Lifeline benefits.

\_\_\_\_\_ I authorize MobileNation to access any records required to verify my eligibility for Lifeline service.

\_\_\_\_\_ I also authorize MobileNation to release any of my records required for the administration of the Lifeline program to a state or federal government agency, or to USAC and/or its authorized agents. I understand that this information will be transmitted in order to ensure proper administration of the Lifeline program, including for the purpose of verifying that my household is not receiving more than one Lifeline benefit.

\_\_\_\_\_ I understand that I will be required to verify my continued eligibility for MobileNation's Lifeline service at least annually, and that failure to do so will result in termination of Lifeline benefits.

\_\_\_\_\_ I understand that I may be required to verify my continued eligibility at anytime, and that failure to do so will result in termination of Lifeline benefits.

\_\_\_\_\_ I will notify MobileNation within 30 days if I no longer participate in a qualifying program, if my household income exceeds 135% of the Federal Poverty Guidelines, if my household is receiving more than one Lifeline service, or if I no longer qualify for Lifeline for any other reason.

\_\_\_\_\_ I will notify MobileNation within thirty (30) days if my home address changes.

\_\_\_\_\_ If the address I have provided is a temporary address, I understand that I may be required to verify my address as often as every ninety (90) days.

## APPLICATION FOR LIFELINE PROGRAM

\_\_\_\_\_ I understand that if my service goes unused for sixty (60) days, my service may be terminated.

\_\_\_\_\_ I authorize MobileNation to contact me by interactive voice response (IVR), or other means, to notify me of annual Lifeline re-verification and the Company's 60 Day Non-usage reminder.

\_\_\_\_\_ I understand that completion of this Application does not constitute immediate approval for Lifeline service.

X \_\_\_\_\_  
Signature of Applicant Date

NOTICE: MobileNation offers Lifeline service only in areas where it has been designated as an Eligible Telecommunications Carrier.

### For MobileNation to fill out:

\_\_\_\_\_  
Wireless Consultant Name/Employee #

\_\_\_\_\_  
Lifeline Customer Phone #

I certify that I reviewed the appropriate eligibility database to determine the above applicant's Lifeline eligibility status. Should an eligibility database not be available I certify that the above applicant demonstrated their eligibility by providing their eligibility documentation and that I have reviewed such documentation for accuracy and legitimacy.

\_\_\_\_\_  
Specific Documentation Presented by Customer and Examined by Company Representative

\_\_\_\_\_  
Wireless Consultant Signature

\_\_\_\_\_  
Date





### Lifeline Household Worksheet

Name	
Address	
Telephone Number	

**You have been asked to complete this Worksheet because someone else currently receives a Lifeline-supported service at your address. This other person may or may not be a part of your household. Answer the questions below to determine whether there is more than one household residing at your address.**

- Does your **spouse** or **domestic partner** (that is, someone you are married to or in a relationship with) already receive a Lifeline-discounted phone? (check **NO** if you do not have a spouse or partner) ☐ **YES** ☐ **NO**
  - If you checked **YES**, you may not sign up for Lifeline because someone in your household already receives Lifeline. Only ONE Lifeline discount is allowed per household.
  - If you checked **NO**, please answer question #2.
- Other than a spouse or partner, do other adults (people at least 18 years old or emancipated minors) live with you at your address?
 

A. A parent	<input type="checkbox"/> <b>YES</b> <input type="checkbox"/> <b>NO</b>	D. An adult roommate	<input type="checkbox"/> <b>YES</b> <input type="checkbox"/> <b>NO</b>
B. An adult son or daughter	<input type="checkbox"/> <b>YES</b> <input type="checkbox"/> <b>NO</b>	E. Other	<input type="checkbox"/> <b>YES</b> <input type="checkbox"/> <b>NO</b>
C. Another adult relative (such as a sibling, aunt, cousin, grandparent, grandchild, etc.)	<input type="checkbox"/> <b>YES</b> <input type="checkbox"/> <b>NO</b>		

  - If you checked **NO** for each statement above, you do not need to answer the remaining questions. Please initial line B, below, and sign and date the worksheet.
  - If you checked **YES**, please answer question #3.
- Do you share living expenses (bills, food, etc.) and share income (either your income, the other person's income or both incomes together) with at least one of the adults listed above in question #2? ☐ **YES** ☐ **NO**
  - If you checked **NO**, then your address includes **more than one household**. Please initial lines A and B below, and sign and date the worksheet.
  - If you checked **YES**, please answer question #4.
- Does the adult with whom you share living expenses and income already receive a Lifeline-discounted phone, whether a home phone or a mobile phone? ☐ **YES** ☐ **NO** ☐ **I DON'T KNOW**
  - If you checked **YES**, you may not sign up for Lifeline because someone in your household already receives Lifeline. Only ONE Lifeline discount is allowed per household.
  - If you checked **NO** or **I DON'T KNOW**, please provide the name(s) of the adult(s) with whom you share living expenses and Income:

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#### CERTIFICATION

Please initial the certifications below and sign and date this worksheet. Submit this worksheet to \_\_\_\_\_ [insert company or agency name] along with your Lifeline application.

- ☐ I certify that I live at an address occupied by multiple households.
- ☐ I understand that violation of the one-per-household requirement is against the Federal Communication Commission's rules and may result in me losing my Lifeline benefits, and potentially, prosecution by the United States government.

Signature \_\_\_\_\_ Date \_\_\_\_\_

